

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
ADAMS	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
ASHLAND	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin Medica Insurance Company	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
BARRON	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin Medica Insurance Company	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BAYFIELD	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
BROWN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*
BUFFALO	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BURNETT	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
CALUMET	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-				*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
CHIPPEWA	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Community Health Partnership, Inc.	Community Health Partnership, Inc.					*		\$31.27	\$31.27			*	*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		SecureHorizons Direct Plan 4				*			\$25.00	-								
	SecureHorizons Direct	SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CLARK	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•				\$0.00	-				•			97	•
		Humana Gold Choice PFFS H1804-001				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-037			•				\$35.00	\$14.24		•		•			97	•
		HumanaChoicePPO PPO R5826-009			•				\$46.00	\$24.77	•			•			97	•
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	•						\$29.00	-								
		Advocare Plan 3	•						\$71.20	\$41.83	•			•			95	•
		Advocare Plan 2	•						\$89.00	-								
		Advocare Plan 1	•						\$131.20	\$41.83	•			•			95	•
COLUMBIA	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				•			\$0.00	-								
		SmartValue Plus				•			\$4.00	\$0.00			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•				\$0.00	-								
		Humana Gold Choice PFFS H1804-001				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-037			•				\$35.00	\$14.24		•		•			97	•
		HumanaChoicePPO PPO R5826-009			•				\$46.00	\$24.77	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Today's Option				•			\$30.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$42.95	-								
CRAWFORD	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				•			\$0.00	-							97	•
		SmartValue Plus				•			\$4.00	\$0.00			•	•			88	•
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	•						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	•						\$75.75	\$32.75	•			•			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	•						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	•						\$110.75	\$32.75	•			•			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•				\$0.00	-								
		Humana Gold Choice PFFS H1804-001				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-037			•				\$35.00	\$14.24		•		•			97	•
		HumanaChoicePPO PPO R5826-009			•				\$46.00	\$24.77	•			•			97	•
	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan					•		\$92.00	-								
		SecureHorizons Direct				•			\$0.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			\$85.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$30.95	-								
	Today's Option	Today's Options Basic				•			\$42.95	-								
		Today's Options Premier				•			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service														
County	Organization Name	Plan Name																Mail Order Offered		
DANE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*		
		SmartValue Plus				*		*	\$4.00	\$0.00			*				85			
	Community Living Alliance	Partnership at Community Living Alliance						*	\$28.15	\$28.15			*							
	Dean Health Plan, Inc.	DeanCare Gold Basic Plan						*	\$80.00	-										
		DeanCare Gold Enhanced Plan						*	\$90.00	-										
	Elder Care Health Plan, Inc.	Elder Care InFocus Health	*						\$31.27	\$31.27			*					82		
		Elder Care Reliance Health	*						\$138.00	\$88.45			*					82		
	Elder Care Health Plan, Inc.	Elder Care Partnership						*	\$36.27	\$36.27			*					82		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
		United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*				97	*
DODGE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-										
		SmartValue Plus				*			\$4.00	\$0.00			*	*				88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*	
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-										
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*				96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
		Today's Option	Today's Options Basic				*			\$30.95	-									
		Today's Options Premier				*			\$42.95	-										
		United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*				97	*
	DOOR	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-									
			SmartValue Plus				*			\$4.00	\$0.00			*	*				88	*
Humana Insurance Company		HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
DOUGLAS	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-										
		SmartValue Plus				*			\$4.00	\$0.00			*	*				88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*	
		Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-									
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*				91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*				91	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
DUNN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*			83	
	Community Health Partnership, Inc.	Community Health Partnership, Inc.						*	\$31.27	\$31.27			*					
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		SecureHorizons Direct				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
	Today's Option	Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
		Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
EAU CLAIRE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*			83	
	Community Health Partnership, Inc.	Community Health Partnership, Inc.						*	\$31.27	\$31.27			*					
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		SecureHorizons Direct				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
	Today's Option	Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
		Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
FLORENCE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
FOND DU LAC	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
FOREST	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
GRANT	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan					*		\$92.00	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																Mail Order Offered		
GREEN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*						
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*						
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*	*			\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*	*			\$46.00	\$24.77	*			*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Today's Option	Today's Options Basic				*			\$30.95	-										
		Today's Options Premier				*			\$42.95	-										
		United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*				97	*
						*			\$0.00	-			*					88	*	
	GREEN LAKE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*					
			SmartValue Plus				*			\$4.00	\$0.00			*	*				88	*
Humana Insurance Company		HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				97	*	
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*	*			\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*	*			\$46.00	\$24.77	*			*				97	*	
Network PlatinumPlus		Network PlatinumPlus		*					\$29.00	-										
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*				96	*	
Network SeniorPlus		Network SeniorPlus				*	*		\$137.00	-										
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
			Today's Options Basic				*			\$30.95	-									
			Today's Options Premier				*			\$42.95	-									
			UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*				97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				97	*	
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*				97	*	
		Evercare Plan DH	*						\$10.71	\$10.71	*			*				97	*	
					*			\$0.00	-				*				88	*		
IOWA	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*						
		SmartValue Plus				*			\$4.00	\$0.00			*	*				88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				97	*	
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-037			*	*			\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009			*	*			\$46.00	\$24.77	*			*				97	*	
	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan				*	*		\$92.00	-										
		SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
			Today's Options Basic				*			\$30.95	-									
			Today's Options Premier				*			\$42.95	-									
			UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*				97	*



## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
IRON	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
JACKSON	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
JEFFERSON	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*			97	*
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
	Evercare Plan DH	HumanaChoicePPO PPO R5826-023	*		*				\$10.71	\$10.71	*			*			97	*
		Humana Gold Choice PFFS H1804-023			*	*			\$0.00	-				*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		Humana Gold Choice PFFS H1804-023			*	*			\$35.00	\$20.16	*			*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
JUNEAU	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*					
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
KENOSHA	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		Humana Gold Choice PFFS H1804-023				*			\$35.00	\$20.16	*			*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
KEWAUNEE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Today's Option Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
LA CROSSE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*					
		SmartValue Plus				*			\$4.00	\$0.00			*				88	*	
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-				*					
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83		
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-									
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1					*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-								
	Today's Option	Today's Options Basic					*			\$30.95	-								
		Today's Options Premier					*			\$42.95	-								
		UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
			UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*	
LAFAYETTE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-									
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*	
	HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*		
	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan					*		\$92.00	-									
LANGLADE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-									
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-									
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*	
		Advocare Plan 2	*						\$89.00	-									
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*	

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
LINCOLN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
	SecureHorizons Direct	HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
		SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
Advocare Plan 2		*						\$89.00	-									
MANITOWOC	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
	Network PlatinumPlus	HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
		Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-							
MARATHON	Blue Cross Blue Shield of Wisconsin	SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		SmartValue Classic				*			\$0.00	-								
	Humana Insurance Company	SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
		HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
	SecureHorizons Direct	HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
		SecureHorizons Direct Plan 4				*			\$25.00	-								
	Security Health Plan Of Wisconsin, Inc	SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Advocare Plan 4	*						\$29.00	-								
Advocare Plan 3		*						\$71.20	\$41.83	*			*			95	*	
MARINETTE	Blue Cross Blue Shield of Wisconsin	Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Humana Insurance Company	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
		HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
	SecureHorizons Direct	Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Today's Option	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
Today's Options Basic					*			\$30.95	-									
United Healthcare Insurance Company	Today's Options Premier				*			\$42.95	-									
	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*	

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MARQUETTE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*					
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*					97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*			97	*	
	Network PlatinumPlus	Network PlatinumPlus		*				\$29.00	-									
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*		\$0.00	-				*				
MENOMONEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*					97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Today's Option	Today's Options Basic				*		\$30.95	-									
		Today's Options Premier				*		\$42.95	-									
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		Community Care	Community Care's Partnership Program					*	\$11.66	\$11.66			*				82	
	MILWAUKEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-								
HumanaChoicePPO PPO R5826-037					*			\$35.00	\$14.24		*					97	*	
		Humana Gold Choice PFFS H1804-023				*		\$35.00	\$20.16	*			*			97	*	
		HumanaChoicePPO PPO H5216-001		*				\$37.00	\$22.76	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*			97	*	
United Healthcare of Wisconsin, Inc.		UnitedHealthcare Medicare Complete	*					\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*			*			97	*	
		Evercare Plan DH	*					\$10.71	\$10.71	*			*			97	*	
		Evercare Plan H	*					\$28.15	\$28.15	*			*			97	*	
			UnitedHealthcare Medicare Complete Premium	*					\$58.00	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MONROE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*					
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
OCONTO	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*					
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
ONEIDA	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00		*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-				*				
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-				*				
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
OUTAGAMIE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00		*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*	*				97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-				*				
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-				*				
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Today's Option	Today's Options Basic				*			\$30.95	-				*				
		Today's Options Premier				*			\$42.95	-				*				
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*
OZAUKEE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00		*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*	*			
		HumanaChoicePPO PPO H5216-002		*					\$0.00	\$0.00	*			*	*		97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*	*				97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Today's Option	Today's Options Basic				*			\$30.95	-				*				
		Today's Options Premier				*			\$42.95	-				*				
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*
		UnitedHealthcare Medicare Complete Premium	*						\$58.00	-				*				

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
PEPIN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*	*			\$35.00	\$14.24	*	*		*			97	*
		HumanaChoicePPO PPO R5826-009			*	*			\$46.00	\$24.77	*	*		*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-				*				
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-				*				
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
PIERCE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*	*			\$35.00	\$14.24	*	*		*			97	*
		HumanaChoicePPO PPO R5826-009			*	*			\$46.00	\$24.77	*	*		*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-				*				
	Medica Insurance Company	Prime Solution Basic				*		*	\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced				*		*	\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Today's Option	Today's Options Basic				*			\$30.95	-				*				
		Today's Options Premier				*			\$42.95	-				*				
POLK	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*	*			\$35.00	\$14.24	*	*		*			97	*
		HumanaChoicePPO PPO R5826-009			*	*			\$46.00	\$24.77	*	*		*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-				*				*
	Medica Insurance Company	Prime Solution Basic				*		*	\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced				*		*	\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				



## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
PORTAGE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-			*	*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
PRICE	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-			*	*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
RACINE	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Community Care	Community Care's Partnership Program					*		\$11.66	\$11.66			*	*			82	*
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-			*	*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO H5216-002		*					\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		Humana Gold Choice PFFS H1804-023				*			\$35.00	\$20.16	*			*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
RICHLAND	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		DeanCare Gold Basic Plan						*	\$80.00	-								
ROCK	Dean Health Plan, Inc.	DeanCare Gold Enhanced Plan						*	\$90.00	-								
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
	Humana Insurance Company	HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		Humana Gold Choice PFFS H1804-023				*			\$35.00	\$20.16	*			*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
RUSK	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SAUK	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
						*			\$0.00	-								
SAWYER	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name																Mail Order Offered
SHAWANO	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
SHEBOYGAN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
ST. CROIX	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-								
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
TAYLOR	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
TREMPEALEAU	Blue Cross Blue Shield of Wisconsin	Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
		SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
		Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 6				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*			97	*
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
VERNON	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
		Gundersen Lutheran Sr. Pref. Value (no RX)	*						\$43.00	-								
	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX	*						\$75.75	\$32.75	*			*			83	
		Gundersen Lutheran Sr. Pref. Elite (no RX)	*						\$78.00	-								
		Gundersen Lutheran Senior Pref. Elite w/RX	*						\$110.75	\$32.75	*			*			83	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
VILAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
WALWORTH	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-	*			*				
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		Humana Gold Choice PFFS H1804-023				*			\$35.00	\$20.16	*			*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WASHBURN	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*					
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std				*			\$14.00	-								
		Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
	Medica Insurance Company	Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
		SecureHorizons Direct				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
	Today's Option	Today's Options Basic				*			\$30.95	-				*				
		Today's Options Premier				*			\$42.95	-				*				
WASHINGTON	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*				
		SmartValue Plus				*			\$4.00	\$0.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Today's Option	Today's Options Basic				*			\$30.95	-				*				
		Today's Options Premier				*			\$42.95	-				*				
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*
WAUKESHA	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*	*		97	*
		HumanaChoicePPO PPO H5216-002		*					\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		Humana Gold Choice PFFS H1804-023				*			\$35.00	\$20.16	*			*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*
		UnitedHealthcare Medicare Complete Premium	*						\$58.00	-								

## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WAUPACA	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-			*	*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-				*				
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc.	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
	Today's Option	Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*
		Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*			97	*
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
WAUSHARA	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-			*	*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-			*	*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*			97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-				*				
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-				*			97	*
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*



## Wisconsin Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WINNEBAGO	Blue Cross Blue Shield of Wisconsin	SmartValue Classic				*			\$0.00	-				*			88	*
		SmartValue Plus				*			\$4.00	\$0.00			*					
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*	*			\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Network PlatinumPlus	Network PlatinumPlus		*					\$29.00	-								
		Network PlatinumPlus-Pharmacy		*					\$54.00	\$24.35	*			*			96	*
	Network SeniorPlus	Network SeniorPlus					*		\$137.00	-								
		SecureHorizons Direct				*			\$0.00	-								
	Today's Option	SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Today's Options Basic				*			\$30.95	-								
		Today's Options Premier				*			\$42.95	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-								
	United Healthcare of Wisconsin, Inc.	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan DH	*						\$10.71	\$10.71	*			*			97	*
		Evercare Plan H	*						\$28.15	\$28.15	*			*			97	*
WOOD	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*			97	*
		Humana Gold Choice PFFS H1804-001				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4	*						\$29.00	-								
		Advocare Plan 3	*						\$71.20	\$41.83	*			*			95	*
		Advocare Plan 2	*						\$89.00	-								
		Advocare Plan 1	*						\$131.20	\$41.83	*			*			95	*